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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Schaa f,	Elizabeth	Beckman	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
[REDACTED]	[REDACTED]	[REDACTED]	94602
ZIP CODE			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Oakland City Council

Division, Board, District, if applicable:

District 4

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of Oakland

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office: Date Left ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office

☒ Candidate Election Year 2010

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/10/10
(month/day/year)

Signature [REDACTED]

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Gatari, Inc.

ADDRESS (Business Address Acceptable)

5794 W. Las Positas Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pleasanton, CA 94588

YOUR BUSINESS POSITION

Software Manager

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____

(Property, car, boat, etc.)

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of Oakland

ADDRESS (Business Address Acceptable)

1 Frank Ogawa Plaza

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Oakland, CA 94612

YOUR BUSINESS POSITION

Senior Policy Advisor for CEDA to the City Council

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary

☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____

(Property, car, boat, etc.)

☐ Commission or

☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % ☐ None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

Comments: _____

ORIGINAL